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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

RECEIVED

JUL 17 1978

O. C. C.

ARTESIA, OFFICE

I.

Operator

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change in ownership effective 7-1-78

If change of ownership give name and address of previous owner

Keweenaw Oil Company, P. O. Box 3786, Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Atoka San Andres Unit Trll

Well No.

1

Pool Name, Including Formation

Atoka (SA)

Kind of Lease

State, Federal or Fee Fee

Lease No.

Location

Unit Letter N : 990 Feet From The south Line and 1650 Feet From The west

Line of Section 12 Township 18S Range 26E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Injection Well

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res't.

Diff. Res't.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RAB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Flow During Test

Oil-Flow

Water-Inj.

Gas-MCF

GRAVITY

API Gravity (Flow-MCF/D)

Length of Test

Flow, Condensate/MCF

Gravity of Condensate

Test Pressure (Flow, Condensate, back in)

Tubing Pressure (Flow-In)

Casing Pressure (Flow-In)

Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the data and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and correct to the best of my knowledge and belief.

Approved Engineer

7-18-78

OIL CONSERVATION COMMISSION

JUL 20 1978

APPROVED

BY

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all new and deepened wells.

Fill out only Sections I, II, III, and VI for changes of ownership, lease or number, or transportation or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-well fields.